

Arcadia School District Renewal Health Plan Options July 1, 2017

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5-0.59	31.6	Current Rates / Current Benefits			Renewal Rates / Current Benefits		
Health Plan	-17500	Essential PPO			Essential PPO		
Deductible (Single/Family)	100	Name of			na masa		- A 40.5
Netw	ork .	\$3,000/\$6,000			\$3,000/\$6,000		
Non-Netw	/ork	\$6,000/\$12,000			\$6,000/\$12,000		
Coinsurance	11300		EPPA SEE	or a substantial firm			0.84.07
Netw	ork	100%			100%		
Non-Netw	vork	80%			80%		
Maximum Out-of-Pocket (Single/Family)	. 1014	26555					
Excludes Medical Copayments	ON THE	No			No		
Excludes Pharmacy Copayments	100	Yes			Yes		
Netw	vork	\$4,000/\$8,000			\$4,000/\$8,000		
Non-Netw	vork	\$8,000/\$16,000			\$8,000/\$16,000		
		rimary	Specialty		Primary	Specialty	
Copayments Network Office \		\$10	Specially \$25	then ded/colns	\$10	\$25	then ded/coins
Non-Network Office \		\$25	\$50	then ded/coins	\$25	\$50	then ded/coins
Amwell/Convenient C		\$20	\$50	then ded/coins		\$50	then ded/coins
		\$50		then ded/coins	\$50 \$50		then ded/coins
Urgent Care		\$150					then ded/coins
Emergency Room		\$0/\$0		then ded/coins			then ded/coins
High Tech Imaging Copay		\$0/\$0		unen ded/coins	31	\$0/\$0	ulan ded/coms
Maximum Out-of-Pocket Medical Copay	Sept.		20/20			30/30	
Pharmacy	21		0/10/40/50% VC	DR		0/10/40/50% V	TOP
Drug Plan		\$1,500/\$3,000			\$1,500/\$3,000		
Maximum Out-of-Pocket Pharmacy Copay Includes Erectile Dysfunction Benefits					81,500/83,000 No		
Specialty Pharmacy Coinsurance		No No			No		
	nce		NO	Company of the Compan		140	
Optional Benefits Vision Benefit		No Vision Coverage			No Vision Coverage		
Extraction/Replacement of Teeth		No Extraction Coverage			No Extraction Coverage		
Extraction/Reptacement of Teeth Waiver of Premium		No Extraction Coverage			No Extraction Coverage		
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Premium Rates Subscrib	ers	der es	100 100 100				
Single	36	\$680.42		\$724.64			
Family	82	\$1,475.42		\$1,571.32			
Single Medicare		\$437.04		\$465.44			
Tariny Medicare	50/1	\$874.08			\$930.88		
Single Medicare w/o Drug	3	\$135.36		\$144.16			
Family Medicare w/o Drug	2	\$270.72			\$288.32		
	50.30	\$1,117.46			\$1,190.08		
Monthly Premium	123	\$146,427.08			\$155,944.40		

The rates include the following commission: This calculation includes standard commission

The rates in this chart are renewal options for illustrative purposes and are not an insurance contract. The pricing assumes a single plan design per employee segment with the Trust as the sole carrier. These rates are subject to change and contain no guarantee. Moreover, this information is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, and prohibited from disclosure under tew. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution, or copying of this communication is strictly

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